

# Ohio Campaign Finance Report

Prescribed by Secretary of State 02/01

FILED

05 JUN 10 PM 3:40

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>CITIZENS FOR RANKIN</b>						Registration Number, if PAC					
Full Name of Candidate <b>MIKE R. RANKIN</b>											
Street Address <b>545 EAST TOWN STREET</b>						Office Sought <b>JUDGE, MUNICIPAL CO</b>				District <b>FRANKLIN CO</b>	
City <b>COLUMBUS</b>						State <b>O H</b>		Zip Code <b>43215</b>			
Type of Report (place X to the left of report type)	Pre-Primary		<input checked="" type="checkbox"/>	Post-Primary		Pre-General		Post-General		Annual Year	
	July			August		September		Termination			
Monthly			Monthly		Monthly						
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M 0	D 5	Y 0	3 5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	5,246.03
2. Total monetary contributions (From Form No. 31-A)	\$	2,929.00
3. Total other income (From Form No. 31-A-2)	\$	2.71
4. Total funds available (sum of lines 1, 2, 3)	\$	8,177.74
5. Total monetary expenditures (From Form No. 31-B)	\$	3,210.94
6. Balance on hand (line 4 minus line 5)	\$	4,966.80
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1,151.30
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	108,440.62
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	2,201.11
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Laura T. Riggs-Kolman, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

*Laura T. Riggs-Kolman, Treasurer*

Signature

*06-10-05*

Date

Contribution pages <u>6</u>
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Expenditure pages <u>2</u>
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Other pages <u>5</u>
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Total pages <u>13</u>
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## Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN									
Full Name of Contributor TRANSFER FROM FORM 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
			0	4	0	5	0	5	1,050.00
Full Name of Contributor TRANSFER FROM FORM 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
			0	6	0	1	0	5	1,879.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4).

Page Total \$ 2,929.00

## Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name BANK ONE/CHASE				Registration Number, if PAC			
Address 833 NORTH HIGH STREET		Type* I   N		M   D   Y 0   5   0   5   0   5		Amount 1.30	
City COLUMBUS		State O   H		Zip Code 43205		Form(Cash,Check,etc) INTEREST	
Full Name BANK ONE/CHASE				Registration Number, if PAC			
Address 833 NORTH HIGH STREET		Type* I   N		M   D   Y 0   5   0   6   0   5		Amount 1.41	
City COLUMBUS		State O   H		Zip Code 43205		Form(Cash,Check,etc) INTEREST	
Full Name				Registration Number, if PAC			
Address		Type*		M   D   Y		Amount	
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M   D   Y		Amount	
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M   D   Y		Amount	
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M   D   Y		Amount	
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M   D   Y		Amount	
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M   D   Y		Amount	
City		State		Zip Code		Form(Cash,Check,etc)	

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN									
To Whom Paid TEAMSTERS LOCAL 413						M	D	Y	Amount
						0	5	0	5
						0	5	0	5
						100.00			
Address 555 EAST RICH STREET				Purpose CONTRIBUTION					
City COLUMBUS				State O   H	Zip Code 43215		Check Number 174		
To Whom Paid THE MEDIA GROUP						M	D	Y	Amount
						0	5	1	1
						0	5	0	5
						1,067.50			
Address 611 LATHROP STREET				Purpose MEDIA PRODUCTION					
City COLUMBUS				State O   H	Zip Code 43206		Check Number 177		
To Whom Paid TACTICAL EDGE						M	D	Y	Amount
						0	5	2	6
						0	5	0	5
						2,000.00			
Address 929 HARRISON AVENUE				Purpose CONSULTING FEE					
City COLUMBUS				State O   H	Zip Code 43215		Check Number 178		
To Whom Paid TACTICAL EDGE						M	D	Y	Amount
						0	5	2	6
						0	5	0	5
						43.44			
Address 929 HARRISON AVENUE				Purpose REIMBURSE-EXPENSES					
City COLUMBUS				State O   H	Zip Code 43215		Check Number 179		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		

## Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee <b>CITIZENS FOR RANKIN</b>												
From Whom Received <b>MIKE R. RANKIN</b>								Prior Amount <b>11,150.00</b>		Amt. Incurred this Period <b>0.00</b>		
Address <b>2432 WYNCOURTNEY COURT</b>										Outstanding Balance <b>11,150.00</b>		
City <b>POWELL</b>		State <b>O H</b>		Zip Code <b>43065</b>		Loans Received This Period Date Amount		Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0 9 2 0 0 4												
Registration Number, if PAC								M	D	Y		
Employer/Occupation/Labor Organization*								M	D	Y		
From Whom Received <b>AVIS M. RANKIN</b>								Prior Amount <b>97,290.62</b>		Amt. Incurred this Period <b>0.00</b>		
Address <b>806 LAKE STREET</b>										Outstanding Balance <b>97,290.62</b>		
City <b>MARBLEHEAD</b>		State <b>O H</b>		Zip Code <b>43440</b>		Loans Received This Period Date Amount		Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0 4 0 8 0 4												
Registration Number, if PAC								M	D	Y		
Employer/Occupation/Labor Organization*								M	D	Y		
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State		Zip Code		Loans Received This Period Date Amount		Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC								M	D	Y		
Employer/Occupation/Labor Organization*								M	D	Y		

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 108,440.62
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 108,440.62 (To Form No. 30-A)

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor GEORGE R. AMBRO				Registration Number, if PAC	
Street Address 264 S. WASHINGTON AVENUE		Employer/Occupation/Labor Organization*		M   D   Y 0   4   2   2   0   5	Amount 250.00
City COLUMBUS		State O   H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor YAVITCH & PALMER CO., LPA				Registration Number, if PAC	
Street Address 511 SOUTH HIGH STREET		Employer/Occupation/Labor Organization*		M   D   Y 0   4   2   2   0   5	Amount 100.00
City COLUMBUS		State O   H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor PAUL SCOTT				Registration Number, if PAC	
Street Address 536 S. HIGH STREET		Employer/Occupation/Labor Organization*		M   D   Y 0   4   2   5   0   5	Amount 250.00
City COLUMBUS		State O   H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JEFFERSON R. CRONAU				Registration Number, if PAC	
Street Address 2460 HIXSON STREET		Employer/Occupation/Labor Organization*		M   D   Y 0   4   2   5   0   5	Amount 200.00
City POWELL		State O   H	Zip Code 43065	Form(Cash,Check,etc) CHECK	
Full Name of Contributor UNITED ASSOC OF JOURNEYMEN...LOCAL 189 PAC				Registration Number, if PAC LA 1212	
Street Address 1250 KINNEAR ROAD		Employer/Occupation/Labor Organization*		M   D   Y 0   5   0   9   0   5	Amount 250.00
City COLUMBUS		State O   H	Zip Code 43212	Form(Cash,Check,etc) CHECK	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

1,050.00

Total expenditures this event

0.00

Page Total \$ 1,050.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>CITIZENS FOR RANKIN</b>					
Full Name of Contributor <b>RICHARD WHALEY</b>				Registration Number, if PAC	
Street Address <b>1831 ROXBURY ROAD</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>2005</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>100.00</b>
Full Name of Contributor <b>JOSEPH E. SCOTT</b>				Registration Number, if PAC	
Street Address <b>35 E. LIVINGSTON AVENUE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>2005</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>100.00</b>
Full Name of Contributor <b>HERBERT A. HEDDEN</b>				Registration Number, if PAC	
Street Address <b>2280 BRIXTON ROAD</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>2005</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>100.00</b>
Full Name of Contributor <b>MARLENE LYNN</b>				Registration Number, if PAC	
Street Address <b>7725 KELVINWAY DRIVE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>5</b>	Y <b>2005</b>
City <b>WORTHINGTON</b>	State <b>O   H</b>	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>20.00</b>
Full Name of Contributor <b>JOHN EINSTEIN</b>				Registration Number, if PAC	
Street Address <b>366 E. BROAD STREET</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>2001</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CASH</b>		Amount <b>25.00</b>
Full Name of Contributor <b>JEFF GRAESSLE</b>				Registration Number, if PAC	
Street Address <b>280 E. BROAD ST.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>2001</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CASH</b>		Amount <b>25.00</b>
Full Name of Contributor <b>BRUCE A. ROTHERMUND</b>				Registration Number, if PAC	
Street Address <b>50 NORTHWOODS BLVD.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>	Y <b>2001</b>
City <b>WORTHINGTON</b>	State <b>O   H</b>	Zip Code <b>43235</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>25.00</b>

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

1,925.00

Total expenditures this event

46.00

Page Total \$ 395.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>CITIZENS FOR RANKIN</b>					
Full Name of Contributor <b>BRENDA S. STERN</b>				Registration Number, if PAC	
Street Address <b>2416 WYNCOURTNEY COURT</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>POWELL</b>		State <b>O   H</b>	Zip Code <b>43065</b>	Y <b>0</b>	Amount <b>25.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>VORYS SATER SEYMOUR AND PEASE LLP ADV EFF PUB ADM</b>				Registration Number, if PAC	
Street Address <b>52 E. GAY STREET</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>COLUMBUS</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Y <b>0</b>	Amount <b>100.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>JOHN P. JOHNSON II</b>				Registration Number, if PAC	
Street Address <b>567 SPRING BRK E.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>WESTERVILLE</b>		State <b>O   H</b>	Zip Code <b>43081</b>	Y <b>0</b>	Amount <b>50.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>SUSAN E. ASHBROOK</b>				Registration Number, if PAC	
Street Address <b>2994 CRESCENT DR.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>COLUMBUS</b>		State <b>O   H</b>	Zip Code <b>43204</b>	Y <b>0</b>	Amount <b>100.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>EILEEN Y. PALEY</b>				Registration Number, if PAC	
Street Address <b>668 BELLAMY PL.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>COLUMBUS</b>		State <b>O   H</b>	Zip Code <b>43213</b>	Y <b>0</b>	Amount <b>50.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>MICHAEL T. WEDEKIND</b>				Registration Number, if PAC	
Street Address <b>4397 COHAGEN CROSSING DR.</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>NEW ALBANY</b>		State <b>O   H</b>	Zip Code <b>43054</b>	Y <b>0</b>	Amount <b>30.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>CHERYL L. ROBERTO</b>				Registration Number, if PAC	
Street Address <b>1927 TEWKSBURY ROAD</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>COLUMBUS</b>		State <b>O   H</b>	Zip Code <b>43221</b>	Y <b>0</b>	Amount <b>50.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 405.00



## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>CITIZENS FOR RANKIN</b>					
Full Name of Contributor <b>MARK A. SERROTT</b>				Registration Number, if PAC	
Street Address <b>789 NORTHWEST BLVD., A</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   6   0   1   0   5	Amount <b>100.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43212</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>E. REILLEY FORMAN</b>				Registration Number, if PAC	
Street Address <b>481 WHITNEY AVENUE</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   6   0   1   0   5	Amount <b>50.00</b>
City <b>WORTHINGTON</b>	State <b>O   H</b>	Zip Code <b>43085</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>ALLEN J. REIS</b>				Registration Number, if PAC	
Street Address <b>3250 KNOLL DRIVE</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   6   0   1   0   5	Amount <b>100.00</b>
City <b>GAHANNA</b>	State <b>O   H</b>	Zip Code <b>43230</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>ALEXANDER SPATER</b>				Registration Number, if PAC	
Street Address <b>565 E. TOWN STREET</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   6   0   1   0   5	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>LARRY EZELL</b>				Registration Number, if PAC	
Street Address <b>500 S. FRONT ST., SUITE 102</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   6   0   1   0   5	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>PHILIP B. KAUFMAN</b>				Registration Number, if PAC	
Street Address <b>341 S. THIRD STREET, SUITE 300</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   6   0   1   0   5	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>CAROL A. WRIGHT</b>				Registration Number, if PAC	
Street Address <b>318 BERGER ALLEY</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   6   0   1   0   5	Amount <b>25.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>CHECK</b>	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **425.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>CITIZENS FOR RANKIN</b>							
Full Name of Contributor <b>STEVE O. CAMPBELL</b>				Registration Number, if PAC			
Street Address <b>250 E. STEWART AVE., APT. D</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	25.00
City <b>COLUMBUS</b>		State <b>O   H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>CYNTHIA A. TURKELSON</b>				Registration Number, if PAC			
Street Address <b>2440 WYNCOURTNEY COURT</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	100.00
City <b>POWELL</b>		State <b>O   H</b>	Zip Code <b>43065</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>CHRIS A. SMILEY</b>				Registration Number, if PAC			
Street Address <b>7754 PARK BEND DRIVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	50.00
City <b>WESTERVILLE</b>		State <b>O   H</b>	Zip Code <b>43082</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>DEBORAH PINNOCK</b>				Registration Number, if PAC			
Street Address <b>156 SOUTH MARTHA</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	500.00
City <b>DEARBORN</b>		State <b>M   I</b>	Zip Code <b>48124</b>	Form(Cash,Check,etc) <b>MONEY ORDER</b>			
Full Name of Contributor <b>JOHN A. BRANDT</b>				Registration Number, if PAC			
Street Address <b>5187 SMOTHERS ROAD</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	25.00
City <b>WESTERVILLE</b>		State <b>O   H</b>	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 700.00

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN								
To Whom Paid ZACH MASON					M	D	Y	Amount
					0	5	1	1
					0	5		76.00
Address 2121 ASCHINGER BLVD.			Purpose REIMBURSE-POSTAGE					
City COLUMBUS		State O   H	Zip Code 43212	Check Number 176				
To Whom Paid					M	D	Y	Amount
Address			Purpose					
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address			Purpose					
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address			Purpose					
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address			Purpose					
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address			Purpose					
City		State	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address			Purpose					
City		State	Zip Code	Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

## In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CITIZENS FOR RANKIN</b>															
Full Name of Contributor <b>MIKE R. RANKIN</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC											
Street Address <b>2432 WYNCOURTNEY CT.</b>		Description of Item or Service <b>PALM CARDS</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Fair Market Value</td> </tr> <tr> <td>0</td><td>5</td><td>0</td><td>6</td><td>0</td><td>5</td><td>750.00</td> </tr> </table>	M	D	Y	Fair Market Value	0	5	0	6	0	5	750.00
M	D	Y	Fair Market Value												
0	5	0	6	0	5	750.00									
City <b>POWELL</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43065</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
Full Name of Contributor <b>MIKE R. RANKIN</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC											
Street Address <b>2432 WYNCOURTNEY CT.</b>		Description of Item or Service <b>POSTAGE 6/1 FR</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Fair Market Value</td> </tr> <tr> <td>0</td><td>5</td><td>1</td><td>2</td><td>0</td><td>5</td><td>11.50</td> </tr> </table>	M	D	Y	Fair Market Value	0	5	1	2	0	5	11.50
M	D	Y	Fair Market Value												
0	5	1	2	0	5	11.50									
City <b>POWELL</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43065</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
Full Name of Contributor <b>MIKE R. RANKIN</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC											
Street Address <b>2432 WYNCOURTNEY CT.</b>		Description of Item or Service <b>POSTAGE 6/21 FR</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Fair Market Value</td> </tr> <tr> <td>0</td><td>5</td><td>2</td><td>4</td><td>0</td><td>5</td><td>46.00</td> </tr> </table>	M	D	Y	Fair Market Value	0	5	2	4	0	5	46.00
M	D	Y	Fair Market Value												
0	5	2	4	0	5	46.00									
City <b>POWELL</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43065</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
Full Name of Contributor <b>MIKE R. RANKIN</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC											
Street Address <b>2432 WYNCOURTNEY CT.</b>		Description of Item or Service <b>POSTAGE</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Fair Market Value</td> </tr> <tr> <td>0</td><td>5</td><td>2</td><td>4</td><td>0</td><td>5</td><td>23.40</td> </tr> </table>	M	D	Y	Fair Market Value	0	5	2	4	0	5	23.40
M	D	Y	Fair Market Value												
0	5	2	4	0	5	23.40									
City <b>POWELL</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43065</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
Full Name of Contributor <b>MIKE R. RANKIN</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC											
Street Address <b>2432 WYNCOURTNEY CT.</b>		Description of Item or Service <b>FOOD</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Fair Market Value</td> </tr> <tr> <td>0</td><td>6</td><td>0</td><td>1</td><td>0</td><td>5</td><td>159.40</td> </tr> </table>	M	D	Y	Fair Market Value	0	6	0	1	0	5	159.40
M	D	Y	Fair Market Value												
0	6	0	1	0	5	159.40									
City <b>POWELL</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43065</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
Full Name of Contributor <b>MIKE R. RANKIN</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC											
Street Address <b>2432 WYNCOURTNEY CT.</b>		Description of Item or Service <b>POSTAGE</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Fair Market Value</td> </tr> <tr> <td>0</td><td>6</td><td>0</td><td>3</td><td>0</td><td>5</td><td>161.00</td> </tr> </table>	M	D	Y	Fair Market Value	0	6	0	3	0	5	161.00
M	D	Y	Fair Market Value												
0	6	0	3	0	5	161.00									
City <b>POWELL</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43065</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC											
Street Address		Description of Item or Service		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Fair Market Value</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	M	D	Y	Fair Market Value							
M	D	Y	Fair Market Value												
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC											
Street Address		Description of Item or Service		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>D</td><td>Y</td><td>Fair Market Value</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	M	D	Y	Fair Market Value							
M	D	Y	Fair Market Value												
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO											

\* Required for contributions from individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear.  
[R.C. 3517.10(B)(4)]

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>CITIZENS FOR RANKIN</b>									
To Whom Owed <b>MIKE R. RANKIN</b>						Prior Amount <b>2,201.11</b>		Amt. Incurred this Period <b>0.00</b>	
Address <b>2342 WYNCOURTNEY COURT</b>						Item or Purpose for Debt <b>IGNS, MAGNET</b>		Outstanding Balance <b>2,201.11</b>	
City <b>POWELL</b>				State <b>O H</b>		Zip Code <b>43065</b>		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y <b>0 6 1 6 0 4</b>		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B)  
Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 2,201.11 (also record on cover page)